



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2020/2021**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW  
OF THE COLUSA COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 11/16/2021 to 11/18/2021**

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**Chart Review – Non-Hospital Services**

The medical records of five 5 adult and five 5 child/adolescent Medi-Cal beneficiaries receiving Specialty Mental Health Services (SMHS) were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Colusa County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS); and for consistency with the MHP's own documentation standards and policies and procedures regarding medical records documentation. The process included a review of 212 claims submitted for the months of January, February and March of **2020**.

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***Client Plans***

**FINDING 8.4.2b:**

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line numbers** <sup>1</sup>.
  - **Line number** <sup>2</sup>. Per the Client Plan completed on <sup>3</sup>, collateral services with a frequency of one time monthly was listed as a needed intervention. However, no collateral services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that this service was provided at any time before or after the review period.
  - **Line number** <sup>4</sup>. Per the Client Plan completed on <sup>5</sup>, Group Rehabilitation and Group Therapy, both with a frequency of one time monthly were listed as needed interventions. However, no Group Rehabilitation or Group Therapy services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.

**CORRECTIVE ACTION PLAN 8.4.2b:**

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

**FINDING 8.4.3:**

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

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<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Line number(s) removed for confidentiality

<sup>3</sup> Date(s) removed for confidentiality

<sup>4</sup> Line number(s) removed for confidentiality

<sup>5</sup> Date(s) removed for confidentiality

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- **Line numbers** <sup>6</sup>: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

**CORRECTIVE ACTION PLAN 8.4.3:**

The MHP shall submit a CAP that describes how the MHP will ensure that Client Plans are completed prior to the provision of planned services.

**FINDING 8.4.3a:**

One or more client plans was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number** <sup>7</sup>: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
  - **Line number** <sup>8</sup>. The prior Client Plan expired on <sup>9</sup>; the current Client Plan completed on <sup>10</sup>.

**CORRECTIVE ACTION PLAN 8.4.3a:**

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Client plans are completed prior to the provision of planned services.
- 2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

**FINDING 8.4.4:**

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments. **Line number** <sup>11</sup>.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** <sup>12</sup>.
  - **Line number** <sup>13</sup>. Per the Client Plan completed on <sup>14</sup>, Medication Refill, Medication Management, and Medication Evaluation were listed as

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<sup>6</sup> Line number(s) removed for confidentiality

<sup>7</sup> Line number(s) removed for confidentiality

<sup>8</sup> Line number(s) removed for confidentiality

<sup>9</sup> Date(s) removed for confidentiality

<sup>10</sup> Date(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

<sup>12</sup> Line number(s) removed for confidentiality

<sup>13</sup> Line number(s) removed for confidentiality

<sup>14</sup> Date(s) removed for confidentiality

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needed interventions, all with a proposed frequency of “ad hoc;” which is not a specific description of time.

- **Line number** <sup>15</sup>. Per the Client Plan completed on <sup>16</sup>, Medication Refill, Medication Management, Medication Evaluation, and TCM were listed as needed interventions, all with a proposed frequency of “ad hoc;” which is not a specific description of time.
- **Line number** <sup>17</sup>. Per the Client Plan completed on <sup>18</sup>, Medication Refill, Medication Management, Medication Evaluation, Collateral, and TCM were listed as needed interventions, all with a proposed frequency of “ad hoc;” which is not a specific description of time.
- **Line number** <sup>19</sup>. Per the Client Plan completed on <sup>20</sup>, Collateral and TCM were listed as needed interventions, all with a proposed frequency of “ad hoc;” which is not a specific description of time.
- **Line number** <sup>21</sup>. Per the Client Plan completed on <sup>22</sup>, TCM was listed as a needed intervention, with a proposed frequency of “ad hoc;” which is not a specific description of time.
- **Line number** <sup>23</sup>. Per the Client Plan completed on <sup>24</sup>, Medication Refill, Medication Management, Medication Evaluation, and TCM were listed as needed interventions, all with a proposed frequency of “ad hoc;” which is not a specific description of time.
- One or more proposed intervention did not include an expected duration. **Line numbers** <sup>25</sup>.
  - **Line number** <sup>26</sup>. The Client Plan completed on <sup>27</sup> does not include an expected duration for each of the proposed interventions listed.
  - **Line number** <sup>28</sup>. The Client Plan completed on <sup>29</sup> does not include an expected duration for each of the proposed interventions listed.

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<sup>15</sup> Line number(s) removed for confidentiality

<sup>16</sup> Date(s) removed for confidentiality

<sup>17</sup> Line number(s) removed for confidentiality

<sup>18</sup> Date(s) removed for confidentiality

<sup>19</sup> Line number(s) removed for confidentiality

<sup>20</sup> Date(s) removed for confidentiality

<sup>21</sup> Line number(s) removed for confidentiality

<sup>22</sup> Date(s) removed for confidentiality

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<sup>24</sup> Date(s) removed for confidentiality

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<sup>26</sup> Line number(s) removed for confidentiality

<sup>27</sup> Date(s) removed for confidentiality

<sup>28</sup> Line number(s) removed for confidentiality

<sup>29</sup> Date(s) removed for confidentiality

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- **Line number** <sup>30</sup>. The Client Plans completed on <sup>31</sup> and <sup>32</sup> do not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>33</sup>. The Client Plan completed on <sup>34</sup> does not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>35</sup>. The Client Plan completed on <sup>36</sup> does not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>37</sup>. The Client Plan completed on <sup>38</sup> does not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>39</sup>. The Client Plan completed on <sup>40</sup> does not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>41</sup>. The Client Plan completed on <sup>42</sup> does not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>43</sup>. The Client Plans completed on <sup>44</sup> and <sup>45</sup> do not include an expected duration for each of the proposed interventions listed.
- **Line number** <sup>46</sup>. The Client Plans completed on <sup>47</sup> and <sup>48</sup> do not include an expected duration for each of the proposed interventions listed.

**CORRECTIVE ACTION PLAN 8.4.4:**

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

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<sup>30</sup> Line number(s) removed for confidentiality

<sup>31</sup> Date(s) removed for confidentiality

<sup>32</sup> Date(s) removed for confidentiality

<sup>33</sup> Line number(s) removed for confidentiality

<sup>34</sup> Date(s) removed for confidentiality

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<sup>36</sup> Date(s) removed for confidentiality

<sup>37</sup> Line number(s) removed for confidentiality

<sup>38</sup> Date(s) removed for confidentiality

<sup>39</sup> Line number(s) removed for confidentiality

<sup>40</sup> Date(s) removed for confidentiality

<sup>41</sup> Line number(s) removed for confidentiality

<sup>42</sup> Date(s) removed for confidentiality

<sup>43</sup> Line number(s) removed for confidentiality

<sup>44</sup> Date(s) removed for confidentiality

<sup>45</sup> Date(s) removed for confidentiality

<sup>46</sup> Line number(s) removed for confidentiality

<sup>47</sup> Date(s) removed for confidentiality

<sup>48</sup> Date(s) removed for confidentiality

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***Progress Notes***

**FINDING 8.5.2:**

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers** <sup>49</sup>. One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service. Thirteen (or 6 percent) of all progress notes reviewed were completed late (94% compliance).

**CORRECTIVE ACTION PLAN 8.5.2:**

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

***Provision of ICC Services and IHBS for Children and Youth***

**FINDING 8.6.1:**

- 1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.
- 2) The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.

During the virtual on-site review, MHP staff indicated that they do not have a formal screening process in place for determining eligibility and need for ICC services and IHBS. MHP staff further explained that while individual children's cases are discussed informally, MHP staff were not accurately capturing this determination process within the medical records of all youth beneficiaries during the review period.

*It should be noted that the MHP was given the opportunity to locate written evidence of any formal (or informal) determination process for the need for ICC/IHBS services; however, the MHP was unable to locate it in the medical record for the following:*

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<sup>49</sup> Line number(s) removed for confidentiality

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- Line numbers <sup>50</sup>.

**CORRECTIVE ACTION PLAN 8.6.1:**

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

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<sup>50</sup> Line number(s) removed for confidentiality